

115 Locust Street, P.O. Box 127, Hickman, NE 68372-0127 Phone 402.792.2212 - Fax 402.792.2210 www.hickman.ne.g

SOLICITOR'S PERMIT APPLICATION (Please Print Clearly)

\$35.00 Permit Fee Based on Calendar Year – All Expire on December 31st

Name:				
Address:				
Date of Birth:/	_/	SSN:		
Driver's License Number:	** Photo ID Required (Valid Drivers Licen	e Issued: use or State ID) **		
Business Name:				
Business Address:				
Business Phone Number(s) : (()_ Be Prepared to present documents for Emp	() loyment Verification **		
/ehicle Make/Model: License No./State:				
Location of Sales/Solicitation:				
Copy of Health Department Pe	ermit: (if applicable) Fed	eral EIN number:		
Copy of State Sales Tax Perm	nit: (if applicable) State ID	number:		
	of the nature of the business an		es to be	
	Hickman to conduct any applicabation and agree to sign any requi			
Applicant Signature	Print Name	Date		
Office Use Only				
□ Date Reviewed		□ Approved	□ Denied	
Authorized Signature	 Date	Permit Number	Permit Number	